

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

(1)

PLAINTIFF

Eric Hines

DEFENDANT

Gary Lanigan, et al.

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

→ AT

Gary Lanigan

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

N.J. Dept of Corrections

COURT CASE NUMBER

17-2864 (NLH)

TYPE OF PROCESS

Summons + Complaint

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Charles H. Landesman, Esq.
340 Kearny Ave
Kearny, NJ 07032

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	10
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service).

Fold

"official capacity"

RECEIVED

Fold

JUN - 3 2019

AT 8:30 M
WILLIAM T. WALSH CLERK2019 APR 10 REC
CAT

Signature of Attorney or other Originator requesting service on behalf of:

Charles H. Landesman

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

201-991-5343

DATE

4/17/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

No. 650

Signature of Authorized USMS Deputy or Clerk

Date

4/10/19

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Ms. Burke

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

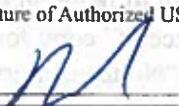
Date of Service Time
05-15-19 11:00
am pm

Signature of U.S. Marshal or Deputy

Holland

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
65.00	3.51	-	68.51	-	68.51	-

REMARKS:

PLAINTIFF	Eric Hines				COURT CASE NUMBER	17-2864 (NLH)	
DEFENDANT	Gary Lanigan, et al				TYPE OF PROCESS	Summons + Complaint	
SERVE	Willie Bonds				NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
→	NJ Dept of Correction				ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
AT					Whittlesy Road Trenton, NJ 08625		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
Charles H. Landesman, Esq. 360 Kearny Ave Kearny, NJ 07032				Number of process to be served with this Form - 285 1 Number of parties to be served in this case 10 Check for service on U.S.A. ✓			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): Fold "Official Capacity"							
RECEIVED							
JUN - 3 2019							
AT 8:30 M WILLIAM T. WALSH CLERK							
Signature of Attorney or other Originator requesting service on behalf of: Charles H. Landesman				<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	DATE
						201991-5343	2019-06-03
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE							
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 150	District to Serve No. 150	Signature of Authorized USMS Deputy or Clerk 			
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.							
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)							
Name and title of individual served (if not shown above) MS. BURKE				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. NJDOC ATTY			
Address (complete only if different than shown above)				Date of Service 05-15-19			
				Time 11:00 pm			
				Signature of U.S. Marshal or Deputy Holland			
Service Fee 65.00	Total Mileage Charges (including endeavors) 3.51	Forwarding Fee —	Total Charges 68.51	Advance Deposits —	Amount owed to U.S. Marshal or 68.51	Amount of Refund —	
REMARKS:							

(3)

PLAINTIFF

Eric Hines

COURT CASE NUMBER

17-2804 (NLH)

DEFENDANT

Gary Langan, et al

TYPE OF PROCESS

Summons + Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Dr Scott Miller

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

3635 Quakerbridge Rd, Suite 3 Hamilton, NJ 08016

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Charles H. Landesman, LSC
 3600 Kearny Ave
 Kearny NJ 07032

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

10

Check for service on U.S.A.

285

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, all Telephone Numbers, and Estimated Times Available For Service).

Fold

Office name is Champion Orthopedics

RECEIVED

JUN - 3 2019

Signature of Attorney or other Originator requesting service on behalf of:

Charles H. Landesman 07032

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER M

WILLIAM WALSH CLERK

DATE

06-09-15 343 9/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)Total Process
1District of Origin
No. 150District to Serve
No. 600

Signature of Authorized USMS Deputy or Clerk

Date

4/30/18

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Nyshera Peterson - Supervisor

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

05-17-19 1600 (pm)

Signature of U.S. Marshal or Deputy

Tobey J. Jr.

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
65	9.36		74.36			

REMARKS:

PLAINTIFF	Eric Hines				COURT CASE NUMBER	17-2864 (NLH)	
DEFENDANT	Gary Lanigan, et al				TYPE OF PROCESS	Summons + Complaint	
SERVE	New Jersey Department of Corrections				NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	Whittlesey Road, Trenton, NJ 08625				ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:					Number of process to be served with this Form - 285	1	
<p>Charles H. Landesman, Esq. 360 Kearny Ave Kearny, NJ 07032</p>					Number of parties to be served in this case	10	
					Check for service		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service).							
RECEIVED							
JUN 3 2019							
AT 8:30 M WILLIAM T. WALSH CLERK							
Signature of Attorney or other Originator requesting service on behalf of: <i>Charles H. Landesman</i>				PLAINTIFF	TELEPHONE NUMBER	DATE	
				<input type="checkbox"/> DEFENDANT	201-991-5343	4/17/19	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE							
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>ASO</i>	District to Serve No. <i>680</i>	Signature of Authorized USMS Deputy or Clerk <i>WTW</i>		Date 4/30/18	
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.							
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)							
Name and title of individual served (if not shown above) <i>MS. BURKE NJDOC Atty.</i>				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than shown above)				Date of Service	Time	am	
				<i>05-15-19</i>	<i>11:00</i>	pm	
Signature of U.S. Marshal or Deputy <i>Holloman</i>							
Service Fee <i>65.00</i>	Total Mileage Charges (including endeavors) <i>3.51</i>	Forwarding Fee <i>—</i>	Total Charges <i>68.51</i>	Advance Deposits <i>—</i>	Amount owed to U.S. Marshal or <i>68.51</i>	Amount of Refund <i>—</i>	
REMARKS:							